\square

FORM 4

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

| Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b) |
|---|
| Instruction 1(b). |
| |

STATEMENT OF CHANGES IN BENEFICIAL OWNERSHIP

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

| OMB AP | PF | 20 | VAL |
|-------------|----|----|-----------|
| OMB Number: | | | 3235-0287 |
| | | | |

| | OMB Number: 32 | 235-0287 |
|-----|--------------------------|----------|
| | Estimated average burden | |
| | hours per response: | 0.5 |
| - 4 | | |

| 1. Nume and Address of Reporting Letson | | | r Name and Ticker or Trading Symbol NOX INTERNATIONAL INC [LII] | | tionship of Reporting Perso all applicable) Director | 10% Owner |
|---|-----------------------|--------------------|---|------------------------|--|--|
| (Last) (Fi 2140 LAKE PARK | irst) (Middle BLVD | 3. Date 02/17/2 | of Earliest Transaction (Month/Day/Year) 2016 | X | Officer (give title below) EVP, Chief Technolog | Other (specify below) gy Officer |
| (Street) RICHARDSON T2 | X 75080 | 4. If Ame | endment, Date of Original Filed (Month/Day/Year) | 6. Indiv Line) X | idual or Joint/Group Filing (Form filed by One Report Form filed by More than C | ing Person |
| (City) (St | tate) (Zip) | | | | Person | |

Table I - Non-Derivative Securities Acquired, Disposed of, or Beneficially Owned

| · · · · · · | | | | | | | | | | |
|--|--|--|------|---|---|---------------|---------------------|---|---|---|
| 1. Title of Security (Instr. 3) | 2. Transaction Date (Month/Day/Year) | 2A. Deemed Execution Date, if any (Month/Day/Year) 8) | | | 4. Securities Acquired (A) or Disposed Of (D) (Instr. 3, 4 and 5) | | | 5. Amount of Securities Beneficially Owned Following Reported | 6. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 7. Nature of Indirect Beneficial Ownership |
| | | | Code | v | Amount | (A) or (D) | Price | Transaction(s) (Instr. 3 and 4) | | (Instr. 4) |
| Common Stock, Par Value \$0.01 Per Share | 02/17/2016 | | S | | 5,000 | D | \$12 <mark>3</mark> | 14,184 | D | |
| Common Stock, Par Value \$0.01 Per Share | 02/17/2016 | | S | | 5,000 | D | \$122 | 9,184 | D | |

Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)

| 1. Title of Derivative Security (Instr. 3) | 2. Conversion or Exercise Price of Derivative Security | 3. Transaction Date (Month/Day/Year) | 3A. Deemed Execution Date, if any (Month/Day/Year) | 4. Transa Code (8) | | of Derivative Securities Acquired (A) or Disposed of (D) (Instr. 3, 4 and 5) | | 6. Date Exerc Expiration Da (Month/Day/Y | 7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4) | | 8. Price of Derivative Security (Instr. 5) 3 | 9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4) | 10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4) | 11. Nature of Indirect Beneficial Ownership (Instr. 4) |
|---|---|--|---|------------------------------|---|--|--|--|---|-------|--|--|--|--|
| | | | | Code | v | | | Date Exercisable | Expiration Date | Title | Amount or Number of Shares | | | |

Explanation of Responses:

Remarks:

Attorney-in-fact pursuant to power of attorney dated December 7, 2012.

/s/ James K. Markey, attorneyin-fact for Prakash Bedapudi

02/18/2016

** Signature of Reporting Person Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).

** Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.